



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |  | Docket Number (Optional) 018072-000610US |
|---|--|--|
| <b>FY 2006</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |  |  |
| Application Number 10/756,850   | Filed January 13, 2004   |  |
| For PRODUCTION AND USE OF DERIVATIZED HOMOSERINE LACTONES   |  |  |
| Art Unit 1626   | Examiner R. Anderson   |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |
|   | <u>Fee</u>   | <u>Small Entity Fee</u>                  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120  | \$60                                     |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225                                    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020   | \$510                                    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590   | \$795                                    |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080                                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |  |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |  |  |
| I am the  | <input type="checkbox"/> applicant/inventor.   |  |
|   | <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). |  |
|   | <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>31,990 32,928</u>  |  |
|   | <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                               |  |
| <u>Brian W. Poor</u><br>Signature   |  | December 22, 2006<br>Date                |
| Brian W. Poor, Reg. No. 32,928<br>Typed or printed name   |  | (206) 467-9600<br>Telephone Number       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |  |  |
| <input type="checkbox"/> Total of _____ forms are submitted.  |  |  |